· Revised 7/82

## RCRA COMPLIANCE INSPECTION REPORT TSD FACILITIES CHECKLIST

1.			ity have EPA Identification No.? (265.11 - Identi- umber)	¥	Yes	No
	Α.	If ye	s, EPA I.D. No. N M D 083212332 , explain			
2.	Has	facili ce? (2	ty received hazardous waste from a foreign 65.12 - Required notices)	CONTRACTOR OF THE PERSON	Yes 🗶	
	Α.	If ye	s, has he filed a notice with the Reg. Admin.		Yes	No.W!#
Was	te Ana	alysis				
3.			acility have a written waste analysis plan? General Waste Analysis)	X	Yes	No
	Α.	If ye	s, is a copy maintained at the facility?	X	Yes	No
	В.	If no	, question #4 not applicable.			
4.	If y	es, do	es it include:			
	Α.	Paran	neters for which each waste will be analyzed?	K	Yes	No
	В.	Test	methods used to test for these parameters?	1	Yes	No
	c.	Samp	ing method used to obtain sample?	Y	Yes	No
	D.		pency with which the initial analysis will be ewed or repeated?	У	Yes	No
		1.	If yes, does it include requirements to re-test when the process or operation generating the waste has changed?	K	Yes	_ No
	Ε.		off-site facilities) Waste analyses that gener- s have agreed to supply?		Yes	No A
	F.	insp	off-site facilities) Procedures which are used to ect and analyze each movement of hazardous waste uding:			N/W
		1.	Procedures to be used to determine the identity of each movement of waste?		Yes	_ No
		2.	Sampling method to be used to obtain representative sample of the waste to be identified?	e	Yes	- No d

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ivesto	e facility provide adequate security to minimize sibility for the unauthorized entry of persons or ck onto the active portions of the facility? - Security)	X Yes No
f no,	describe inadequacies. (Use narrative explanations sh	eet.)
f yes,	is security provided through:	
		<u> </u>
<u>OR</u>		
B. 1.	Artificial or natural barrier around facility (e.g. fence or fence and cliff)? Describe type of security	Yes No
	AND	
2.	Means to control entry through entrances (e.g. attendant, television monitors, locked entrance, controlled roadway access)? Describe type of security.	X Yes No
	Include a drawing indicating any inadequacies in the security system	facility's
posted	at the entrance to the active portion of the facility	es Out,"  Yes No
Is it w	ritten in English and Wegible from at Weast 25 feet?	X Yes No
area su	rrounding the facility (e.g. In New Mexico and Texas	ominant in the areas bordering
		ed Personnel
	265.14  If no, of yes, A. 24-ton OR B. 1.  2.  Is a sipposted (265.14 Is it w (NOTE: area su Mexico, n exist	265.14 - Security)  If no, describe inadequacies. (Use narrative explanations shalf yes, is security provided through:  A. 24-hour surveillance system? (e.g. television monitoring or guards)  OR  B. 1. Artificial or natural barrier around facility (e.g. fence or fence and cliff)?  Describe type of security  AND  2. Means to control entry through entrances (e.g. attendant, television monitors, locked entrance, controlled roadway access)?  Describe type of security.  Include a drawing indicating any inadequacies in the

A. Does the owner/operator maintain a written schedule for inspecting: (265.25 - General Inspection Requirements)

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		1.	Monitoring equipment? (If applicable)	_	Yes	No NO
		2.	Safety and emergency equipment?	X	Yes	No
		3.	Security devices?	X	Yes	No
		4.	Operating and structural equipment (if applicable)	X	Yes	No
		5.	Does the schedule or plan identify the types of problems to be looked for during inspection?	X	Yes	No
			<ul> <li>Malfunction or deterioration (e.g. inoperative sump pump, leaking fitting, eroding dike, corroded pipes or tanks, etc.)</li> </ul>	X	Yes	No
			b. Operator error	X	Yes	No
			<ul> <li>Discharges (e.g. leaks from valves or pipes joint breaks, etc.)</li> </ul>	1	Yes	No
	в.	Is a	written schedule for these inspections maintained a facility?	t <sub>L</sub>	Yes	No
		1.	Are these inspections conducted?	X	Yes	No
			a. Is a record of these inspections maintained in the inspection log?	X	Yes	No
8.			owner/operator have an inspection log? - General Inspection Requirements)	X	Yes	No
	Α.	If y	yes, does it include:			
		1.	Date and time of inspection?	X	Yes	No
		2.	Name of inspector?	1	Yes	No
		3.	Notation of observations?	X	Yes	No
		4.	Date and nature of repairs or remedial action?	X	Yes	No
	В.	the	there any malfunctions or other deficiencies noted inspection log that remain uncorrected? (Use narrie explanation sheet).		Yes <u>K</u>	No
	c.		records of the inspection log maintained at the ility for three (3) years?	X	Yes	No

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Person	ne1	Training	-11.5
9. Doe (26	s th 5.16	e owner/operator maintain a personnel training program? - Personnel Training)	Y Yes No
Α.	If 1.	Is the program directed by a person trained in hazardo waste management procedures?	ous <u>√</u> Yes No
	2.	Is the program designed to prepare employees to responeffectively to hazardous waste emergencies?	
	3.	Is a training review given annually?	X Yes No
В.	Doe	s the owner/operator keep the following records:	
	1.	job title and written job description of each position?	★ Yes No
	2.	description of the type and amount of introductory and continuing training?	X Yes N
	3.	documentation that training has been given to employees?	
c.	Are	these records maintained at the facility?	X Yes N
Requi	remer	ts for Ignitable, Reactive or Incompatible Waste	
(2	265.1	facility handle ignitable or reactive wastes?  17 - Ignitable, Reactive, Incompatible Wastes)  Le appropriate type(s) of waste(s).	es No
		If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant heat?	
	d	re smoking and open flame confined to specifically assignated locations?	Yes No Yes No
	C. A	re "No Smoking" signs posted in hazardous areas where gnitable or reactive wastes are handled?	Yes No
		containers (265.17 - Ignitable, Reactive, Incom- le Wastes)	
	Α.	Are containers leaking or corroding or bulging?  (Use narrative explanation sheet to explain containers in this condition.)	Yes V No
		Has the facility ever placed incompatible wastes together?  If yes, what were the results? (Use narrative explanation sheet). (Look for signs of mixing of incompatible wastes. e.g., fire, toxic mist, heat generation, bulging containers, etc.)	Yes <u>V</u> No

## Section B - Preparedness and Prevention

<ol> <li>Is there evidence of fire, explosion or contamination of the environment? (265.31 - Maintenance and operation of facility)</li> </ol>		Yes 🗶	No	
If yes, use narrative explanations sheet to explain.				
2. Is the facility equipped with (265.32 - Required equipme	ent)			
A. Internal communications or alarm system?  1. Is it easily accessible in case of emergency?	₹ X	Yes Yes	No No	
B. Telephone or two-way radio to call emergency response personnel?	X	Yes	No	
C. Portable fire extinguishers, fire control equipment spill control equipment and decontamination equipment?	X	Yes	No	
<ol> <li>Is this equipment tested to assure its proper operation?</li> </ol>	×	Yes	No	
<ul> <li>D. Water of adequate volume for hoses, sprinklers or water spray system?</li> <li>1. Describe source of water City of Alba</li> <li>2. Indicate flow rate and/or pressure and storage capacity if applicable.</li> </ul>		Yes	No	
<ol> <li>Is there sufficient aisle space to allow unobstructed movement of personnel and equipment? (e.g. adequate aisle space in between barrels to check for leakage, corrosion and proper labeling, etc.) (265.35 - Required aisle space)</li> </ol>	1	Yes	No	
4. Has the owner/operator made arrangements with the local authorities to familiarize them with characteristics of the facility? (layout of facility, properties of hazar ous waste handled and associated hazards, places where facility personnel would normally be working, entrances to roads inside facility, possible evacuation routes.) (265.37 - Arrangements with local authorities)	d-	Yes	No	
If no, has the owner/operator attempted to make such arrangements?	_	Yes		NI

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5.			res	
	If yes, indicate primary authority brns tillo Count	1		
	A. Is the fire department a city or volunteer fire department?			_
6.	Does the owner/operator have phone numbers of and agreements with State emergency response teams, emergency response contractors and equipment suppliers?  Are they readily available to the emergency coordinator?		Yes Yes	
(26	5.37 - Arrangements with local authorities)	_		NO
7.	Has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste handled and types of injuries that could result from fires, explosions, or releases at the facility?	×	Yes	No //
	If no, has the owner/operator attempted to do this?		Yes	NoNIA
(26	5.37 - Arrangements with local authorities)		•	
8.	If the State, or local authorities decline to enter into the above referenced agreements, has this situation been entered in the operating record? (265.37 - Arrangements with local authorities)		Yes	No N
Sec	tion C - Contingency Plan and Emergency Procedures			
1.	Does the facility have a contingency plan? (265.52 Content of Contingency Plan)	X	Yes	No
	A. If yes, does it contain:			
	1. actions to be taken in response to emergencies?	X	Yes	No
	<ol><li>description of arrangements with police, fire and hospital officials?</li></ol>	100000000000000000000000000000000000000	Yes	
	<ol> <li>list of names, addresses, phone numbers of persons qualified to act as emergency coordinator?</li> <li>list of all emergency equipment at the facility?</li> <li>evacuation plan for facility personnel?</li> </ol>	*	Yes	No
	4. list of all emergency equipment at the facility? 5. evacuation plan for facility personnel?	K	Yes	No No
2.	Is a copy of the contingency plan maintained at the fact (265.53 - copies of contingency plan)	lits	? Yes	No
3.	Has a copy been supplied local police and fire depts.? (265.53 - Copies of contingency plan)	X	Yes	No

AS LEGIBLE AS THIS LABEL,
IT IS DUE TO THE QUALITY
OF THE ORIGINAL.

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4.	Is the plan a revised SPCC Plan? (265.52 - content of contingency plan)	Yes No
5.	Is there an emergency coordinator on-site or within short driving distance of the plant at all timee? If yes, list primary emergency coordinator:	Yes No
Sec	tion D - Manifest System, Recordkeeping and Reporting	
1.	Has facility received hazardous waste from off-site since November 19, 1980? (265.71 - Use of manifest system)	Yes No
	a. If no, questions 1, 2 and 3 not applicable.	110
	b. If yes, does the facility retain copies of all manifests?	Yes No /////
	1. Are the manifests signed and dated and returned to the generator?	Yes No
	2. Is a signed copy given to the transporter?	Yes No
2.	Has the facility received any hazardous waste from a rail or water (bulk shipment) transporter since Nov. 19, 1980? (265.71 - Use of manifest system)	Yes No
	a. If yes, is it accompanied by a shipping paper	Yes No
	<ol> <li>Does the owner/operator sign and date the shipping paper and return a copy to the generator?</li> </ol>	Yes No
	2. Is a signed copy given to the transporter?	Yes No
3.	Has the facility received any shipments of hazardous waste since November 19, 1980, which were inconsistent with the manifest? (265.72 - Manifest discrepancies)	Yes No
	a. If yes, has he resolved the discrepancy with the generator and transporter?	Yes No
	<ol> <li>If no, has Regional Administrator been notified?</li> </ol>	Yes No
4.	Has the facility received any waste (that does not come under the small generator exclusion) not accompanied by a manifest? (265.76 - Unmanifested waste report)	Yes No
	a. If yes, has he submitted an unmanifested waste report to the Regional Administrator?	Yes No ↓
5.	Does the facility have a written operating record? (265.73 - Operating record)	× Yes No
	a. Is a copy maintained at the facility?	<u>K</u> Yes No

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5. b	. Does	the record include		
	1.	Description and quantity of each hazardous waste and the methods and dates of its treatment, storage or disposal at the facility?	<u> </u>	_ No
	2.	Location and quantity of each hazardous wasteof at each location?	Y Yes _	No
		a. Is this information cross-referenced with specific manifest document numbers, if applicable?	¥ Yes _	No
	3.	(for disposal facilities only) Is the location and quantity of each hazardous waste recorded on a map or diagram of each cell or disposal area?	Yas	No No
	4.	Record and results of waste analyses?	Y Yes _	_ No
	5.	Reports of incidents involving implementation of the contingency plan? (If applicable)		_ No A
	6.	Records and results of required inspections	X Yes _	No
	7.	Monitoring, testing or analytical data where required?	1. Yes _	No
	8.	Closure cost estimates and for disposal facilities, post-closure cost estimates?	X Yes _	No
Section	E - P	lans and Reports		
/01	been	plans and reports been visually inspected and made available for inspection? (265.74 - Availa- etention and disposition of records)	Yes _	_ No
List pl	lans an	d/or reports not made available for inspection.		
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2. Did operator provide inspector with a drawing of the facility?

In Part A Application a. If yes, please indicate which are hazardous waste facilities on the drawing.

Y Yes \_\_ No

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3. Indicate types of hazardous waste facilities.

Containers
Tanks
Surface Impoundments
Waste Piles
Land Treatment
Landfill
Incinerator
Thermal Treatment
Chemical, Physical and Biological Treatment
Groundwater Monitoring Program

Copy of Purchase order aftacked.